

Administrative and Professional Staff

Delaware Valley School District

Bereavement Form

Must be completed to receive bereavement time

Date: _____

Employee's name: _____ BLDG: _____

Number of days requesting: _____

Dates requesting off: _____

The number of days a member can request depends on the relationship of the deceased to the member (as per the contract). Please specify which situation pertains to you and circle the appropriate relationship.

_____ **Death of immediate family member** (Identify the relationship.)
Not to be in excess of 5 days (as per contract)

Shall be defined as: __father, __mother, __brother, __sister, __son, __daughter,
__spouse, __parent-in-law, __stepparent, __grandparent, __grandchild,
__near relative who resides in the same household, __any person with whom the
professional or temporary employee lives at the time of death

_____ **Death of near relative** (Identify the relationship.)
Not to be in excess of 3 days (as per the contract)

Shall be defined as: __first cousin, __son-in-law, __daughter-in-law, __aunt,
__uncle, __niece, __nephew, brother-in-law, sister-in-law

Please attach a copy of obituary to this form if available.

Signing this form certifies that the above information is correct and I am eligible for the days that I am requesting. If it is found that I have given false information, then I recognize that personal days will be taken for my time off.

Signature: _____

Date: _____